

CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this correspondence for Application No. 10/561,123 is being electronically transmitted to Technology Center 3671 via EFS-WEB, on December 20, 2007

/Kevin G. Rooney/
Kevin G. Rooney, Reg. No. 36,330

December 20, 2007
Date

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Boydan Joseph Mudryk et al.
Ser. No.: 10/561,123
Filed: October 19, 2006
Group Art No.: 3671
Examiner: Raymond W. Addie
For: Roadside Post
Confirmation No.: 5935
Atty Ref.: SPRU-03

Cincinnati, Ohio 45202

December 20, 2007

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.
2. X Small Entity status is claimed.
 Other than a Small Entity.
3. The fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		LARGE ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Extra	Present Rate	Fee	Present Rate	Fee
TOTAL	31	MINUS	28	= 3	x \$25	\$0	x \$50	\$75
INDEP.	1	MINUS	1	= 0	x \$105	\$0	x \$210	\$0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+\$185	\$0	+\$370	\$0
TOTALS					TOTAL FEE	\$	TOTAL FEE	\$75

- ☆ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- ☆☆☆ If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid for" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___ No additional fee for claims is required.

4. Attached is a check in the sum of \$ ____.

X See electronic fee sheet.

5. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

Complete (a) or (b) as applicable.

(a) ___ Applicants petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<u>X</u>	one month	\$ 120.00	\$ 60.00
___	two months	\$ 460.00	\$230.00
___	three months	\$1050.00	\$525.00
___	four months	\$2,230.00	\$820.00

X See electronic fee sheet

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

___ An extension for ___ months has already been secured and the fee paid thereof of \$___ is deducted from the total fee due for the total months of extension now requested. Extension fee due with this request \$___.

OR

(b)___ Applicants believe that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

X If any additional fee for claims or extension of time is required, charge Account No. 23-3000. A duplicate of this transmittal is attached.

Respectfully submitted,

WOOD, HERRON & EVANS, L.L.P.

/Kevin G. Rooney/

Kevin G. Rooney

Reg. No. 36,330

2700 Carew Tower
441 Vine Street
Cincinnati, Ohio 45202
(513) 241-2324